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031104

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Serial No. : **To Be Assigned**

Filing Date : **Herewith**

For : **SYSTEM AND METHOD FOR TISSUE SAMPLING AND THERAPEUTIC ABLATION**

Group Art Unit : **To Be Assigned**

Examiner : **To Be Assigned**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: New Patent Application

**Please associate the Customer No. 30636
with Attorney Docket No. 10124/01201
of this application**

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Date of Deposit	<u>March 11, 2004</u>
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name: <u>Oleg F. Kaplun (Reg. No. 45,559)</u>	
Signature:	

TRANSMITTAL

SIRS:

Enclosed herewith please find the following:

1. 1 sheet of Title Page, 12 sheets of Specifications, 4 sheets of Claims and 1 sheet of Abstract.
2. 6 sheets of Drawings.
3. Executed Declaration.
4. Executed Grant Power of Attorney.

5. Executed Assignment along with Recordation Cover Sheet and a check in the amount of \$40.00.
6. Returned Receipt Postcard.

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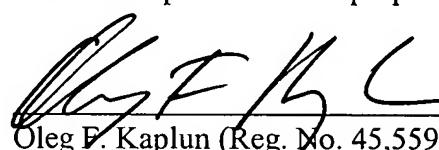
	NUMBER FILED	NUMBER EXTRA	Rate (\$)	FEE (\$)
PATENT APPLICATION - BASIC FEE				770.00
TOTAL CLAIMS	27	- 20 =	7	18.00
INDEPENDENT CLAIMS	2	- 3 =	0	86.00
MULTIPLE DEPENDENT CLAM PRESENT				0.00
'Number extra must be zero or larger			TOTAL	896.00
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When payment of the issue fee has previously been provided or authorized, the Commissioner is hereby authorized to charge any post issuance fees required, except for patent maintenance fees, to the Deposit Account of **Fay Kaplun & Marcin, LLP No. 50-1492**. A copy of this transmittal letter is enclosed for Deposit Account purposes.

Date: March 11, 2004

By:



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